

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400134723

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: CARA MAHLER
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6029
3. Address: P O BOX 173779 Fax: (720) 929-7029
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-20690-00 6. County: WELD
7. Well Name: PEPPLER Well Number: 3-30A
8. Location: QtrQtr: NENW Section: 30 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>12/21/2010</u>	Date of First Production this formation: <u>03/21/2002</u>
Perforations Top: <u>7647</u> Bottom: <u>7675</u>	No. Holes: <u>84</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Spot 2250# sand plug, top of plug @ 7442'.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: _____ Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
<u>Set Sand Plug @ 7442' for NB/CD REFRAC</u>	
Date formation Abandoned: <u>12/21/2010</u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date:	01/11/2011	Date of First Production this formation:	01/19/2011
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Perforations	Top:	6990	Bottom:	7273	No. Holes:	108	Hole size:	0.42
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Provide a brief summary of the formation treatment: Open Hole: ☐

NB PERF 6990-7106 HOLES 66 SIZE .42 CD PERF 7258-7273 HOLES 42 SIZE .40
Re-Frac Niobrara A & B & C down 4-1/2" Csg w/ 252 gal 15% HCl & 241,836gal Slickwater w/ 201,060# 40/70, 4,440# SB Excel.
Re-Frac Codell down 4-1/2" Csg w/ 128,100 gal Vistar w/ 261,120# 20/40, 4,100# SB Excel.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date:	02/16/2011	Hours:	24	Bbls oil:	4	Mcf Gas:	41	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	4	Mcf Gas:	41	Bbls H2O:	0	GOR:	10250
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Test Method: FLOWING	Casing PSI: 420	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1276	API Gravity Oil:	48
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Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: ☐ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: CARA MAHLER

Title: REGULATORY ANALYST 1 Date: Email: CARA.MAHLER@ANADARKO.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC _____ Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 0 comment(s)